

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES

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FOR OFFICE USE ONLY

Date Received and Postmark Date

FORM C-8 (Revised 01/09)
FINANCE REPORT

ORIGINAL FILING

AMENDED FILING

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

Full name of elected official

Complete mailing address

(Include City, State, Zip Code)

REPORTING PERIOD

From

To

Initial Report

Periodic Report

Closing Report

No transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. **Cash in bank** – Balance from previous report..... \$
2. **Bank interest** – Total received this period from Schedule A..... \$
- Subtotal** \$
4. **Expenditures** – Total paid out this period from Schedule B..... -- \$
5. **Cash in bank** – Ending balance this report..... \$

CERTIFICATION

I, _____, _____, certify the foregoing report of constituent funds with
Name Title
all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

Signature

Schedule A. Bank Interest Earned this Reporting Period

Date Received (Required)	Amount

Total Received: _____

Schedule B. Expenditures - This Reporting Period

PAYEE – Full Name & Complete Mailing Address <i>REQUIRED</i>	Purpose <i>Required</i>	Date <i>Required</i>	Amount
<div><div>_____</div><div>Name</div><div>_____</div><div>Address</div><div>_____</div><div>City, State, Zip</div></div>			
<div><div>_____</div><div>Name</div><div>_____</div><div>Address</div><div>_____</div><div>City, State, Zip</div></div>			

Schedule B. Expenditures (cont.)

PAYEE - Full Name & Complete Mailing Address <i>(Required)</i>	Purpose <i>(Required)</i>	Date <i>(Required)</i>	Amount
<div>_____</div> <div>Name</div> <div>_____</div> <div>Address</div> <div>_____</div> <div>City, State, Zip</div>			
<div>_____</div> <div>Name</div> <div>_____</div> <div>Address</div> <div>_____</div> <div>City, State, Zip</div>			
<div>_____</div> <div>Name</div> <div>_____</div> <div>Address</div> <div>_____</div> <div>City, State, Zip</div>			
<div>_____</div> <div>Name</div> <div>_____</div> <div>Address</div> <div>_____</div> <div>City, State, Zip</div>			
<div>_____</div> <div>Name</div> <div>_____</div> <div>Address</div> <div>_____</div> <div>City, State, Zip</div>			

Total Expended: _____